



Steve Hudson Memorial Lecture



Developing Clinical Pharmacy Teachers to Prepare Pharmacists for their Clinical Role

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Developing Clinical Pharmacy Teachers to Prepare Pharmacists for their Clinical Role

- Background and need
- Workplace based learning
- Infrastructure and support
- Current developments in Pharmacy Practice



Background - Policy

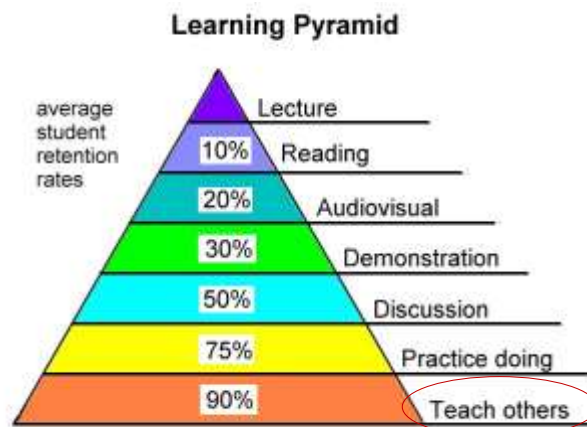
1988 NHS Circular No 1988 (GEN) 32

The Way Forward for Hospital Pharmaceutical Services

".... achievement of better patient care and financial savings through the more cost effective use of medicines and improved use of pharmaceutical expertise obtained through the implementation of a clinical pharmacy service"

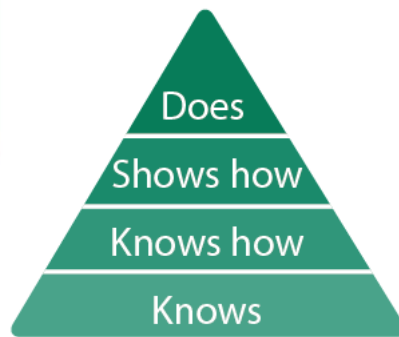


Teacher - Practitioner





Miller, G.E. (1990) The assessment of clinical skills/competence/performance. *Acad Med* 65: 563–7



Performance in practice
Workplace based assessment
Demonstration of learning
Simulations, OSCEs
Interpretation
Case presentations
Fact gathering
True/False



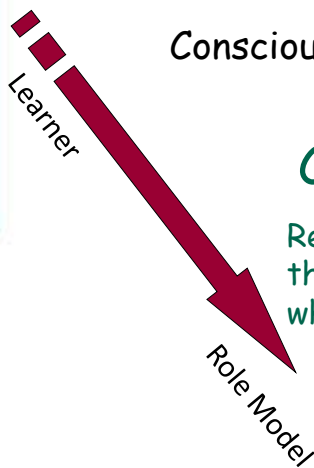
Unconsciously incompetent

Consciously incompetent

Consciously competent

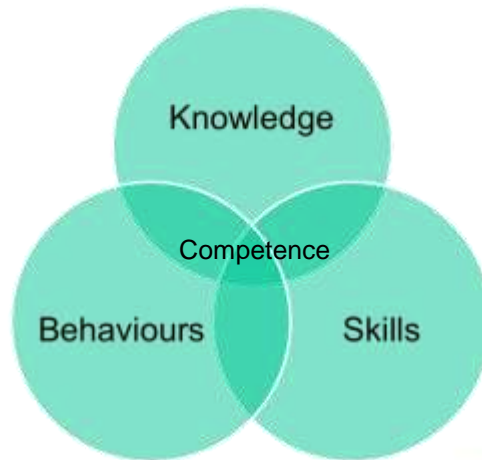
Reflective practice: think about what they are doing, how they are doing it, what impact it has

Unconsciously competent





The workplace as a site for learning



Acquisition of Pharmaceutical Skills: Simulation, Serious Games, Innovative Approaches

ESCP Workshop, NICE June 2015

Example: <https://www.keele.ac.uk/pharmacy/vp/>





Clinical Teacher - attributes

- Role model from whom to learn about interpersonal relationships with patients and professionals and complex decision making
- Discusses practice (consciously competent)
- Provides opportunities for students to practice skills and provides feedback on performance
- Approachable but challenging
- Enthusiastic



Developing clinical tutors/teachers

Master of Education

Tutor accreditation

National courses

- Training for Trainers
- Patient Centred Teaching

Continuing Professional Development



[illegible]

- 
- European Society of Clinical Pharmacy



May 2011



European Society of Clinical Pharmacy



Student Numbers vs Quality Placements

- Critical mass of trained clinical pharmacists as tutors/role models
- Competing pressures of service delivery
- Benefit to all - students, practitioners, patients & the organisation



Pharmacy Practice Academic Network NHS-University Joint Board

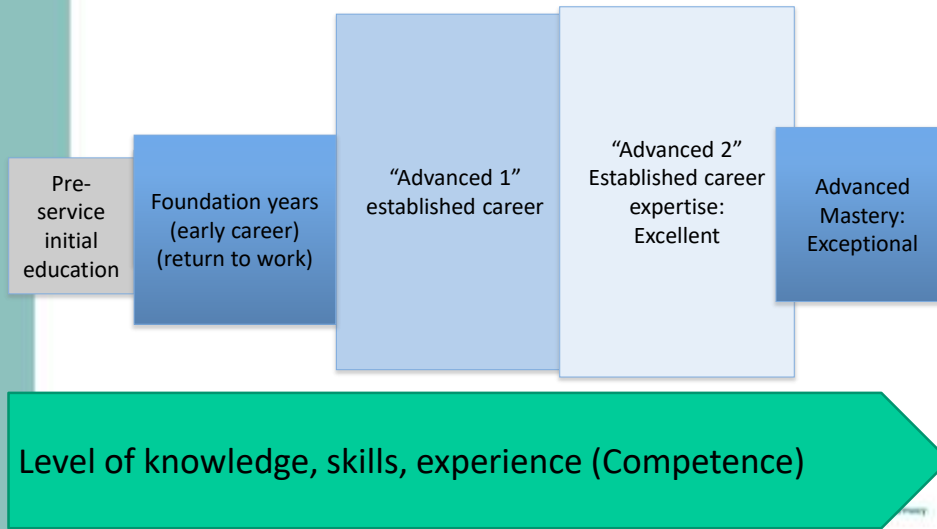


Participating Boards:

- Ayrshire & Arran
- Borders
- Dumfries & Galloway
- Fife
- Forth Valley
- Greater Glasgow & Clyde
- Lothian
- Lanarkshire



RPS professional development frameworks, support tools, assurance and recognition programmes



NHS Education for Scotland
Quality Education for a Healthier Scotland

Home About us Education and training Publications and resources Recruitment News and events Contact us Search here

PHARMACY

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Pharmacy

- About NHS Pharmacy
- Pre-Registration Pharmacist Scheme
- Training Programme
- Educational Events - TUTORS**

Educational Events - TUTORS

Tutor Training Events

Approval to be a tutor in the FRPS will include participation in the tutor training programme.

The tutor training programme consists of mandatory core elements for new tutors, with a supporting modules and facilitated peer review available for all tutors to support their development in the role.

CHIMPS AND SOUTH EAST PHARMACY

Health Education England

Home Strategy and vision Training Networks Pharmacy Skills for Recruitment Pharmacy Training Foundation Programme Advanced Practice Quality

Medical Education Programme Supervisor Training Enhancement of Support Pharmacy Training Terms & Conditions

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Educational Supervisor Training

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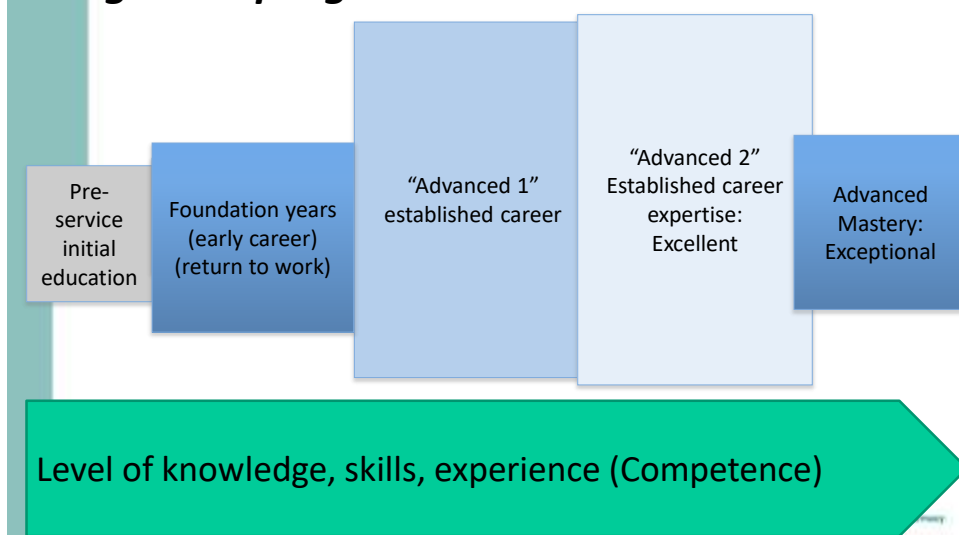
Educational Supervisor (ES) fulfil a pivotal role in the workplace supporting the training of pre-registered pharmacists and pharmacy technicians, foundation

The image displays the cover and two internal pages of the 'RPS Foundation Tutor Training Guidance' document from 2015. The cover features the Royal Pharmaceutical Society logo and the title 'TUTOR GUIDANCE' with the subtitle 'Supporting you to be the best tutor you can be'. The first internal page shows the 'Qualifications of Tutors' and 'Skills and Experience of Tutors' sections. The second internal page shows the 'RPS Foundation Tutor Training self-assessment' table, which includes columns for 'Competence', 'Evidence', 'Assessment Methods', and 'Assessment Outcomes'.

<https://www.rpharms.com/Portals/0/RPSdocumentlibrary/Openaccess/Development/Tutor/tutor-guidance-2015.pdf>

ESCP
European Society of Clinical Pharmacy

RPS professional development frameworks, support tools, assurance and recognition programmes





Clusters (6) and Competences (34)

- Expert Professional Practice
- Collaborative Working Relationships
- Leadership
- Management
- Education, Training & Development
- Research and Evaluation



Education, Training & Development Cluster

- Role Model
- Mentorship
- Conducting Education & Training
- Continuing Professional Development
- Links Practice and Education
- Educational Policy





5. Education, Training & Development <small>Approaches to education, training, & development of others. Promotes a learning culture within the profession.</small>			
Competency	Developmental Descriptors		
	Advanced Stage I	Advanced Stage II	Mastery
5.1 Role Model	Understands and demonstrates the characteristics of a role model to members of the team and/or others.	Demonstrates the characteristics of an effective role model at a higher level.	Is able to develop effective role model behaviour in others.
5.2 Mentorship	Demonstrates understanding of the mentorship process.	Demonstrates ability to effectively mentor others within the team and/or others.	Demonstrates ability to effectively mentor outside the team and/or others.
5.3 Continuing Education & Training	Demonstrates ability to conduct teaching and assessment effectively according to a learning plan with supervision from a more experienced colleague.	Demonstrates ability to assess the performance and learning needs of others. Demonstrates ability to utilise a range of effective learning experiences for others.	Demonstrates ability to design and manage a course of study with appropriate use of teaching equipment and study methods.
5.4 Professional Development	Demonstrates self-development through continuous professional development activity.	Facilitates the professional development of others.	Shapes and contributes to the professional development strategy.
5.5 Links Practice and Education	Participates in the delivery of formal education programmes.	Participates in education and training in an external environment.	Shapes, contributes to, or is responsible for the creation or development of higher education qualifications.
5.6 Educational Policy	Demonstrates an understanding of current educational policies relevant to working areas of practice.	Demonstrates ability to interpret educational policy in order to design strategic approaches for local workforce education planning and development.	Shapes and contributes to national education and workforce planning and development policy.



ROYAL
PHARMACEUTICAL
SOCIETY

Prescribing Framework

A Competency Framework for all Prescribers

Publication date: July 2016
Review date: July 2020



When this competency framework is published, the Royal Pharmaceutical Society, NICE and the General Pharmaceutical Council will be working together to ensure that the framework is implemented effectively across the profession.



General Pharmaceutical Council



Royal Pharmaceutical Society



General Pharmaceutical Council



General Pharmaceutical Council



General Pharmaceutical Council



General Pharmaceutical Council



General Pharmaceutical Council



European Society of Clinical Pharmacy



Current Developments in Pharmacy Practice



Developing Clinical Pharmacy Teachers to Prepare Pharmacists for their Clinical Role

Example GP Clinical Pharmacist

Pharmacist since 1985
MSc Clinical Pharmacy 1989
Hospital Clinical Pharmacist
Honorary Lecturer/Tutor
Patient Centered Teaching 1997
Independent Prescriber 2015
Primary Care Pharmacist 2016
Advanced Clinical Skills
GP Practice Training





Planned Medication Review – identified ‘high risk’ patient
(prescribed 10 medicines including warfarin)
86 year old male

- AF ‘09
- LVF ‘06
- IHD/Angina & CABG ‘02
- Hypertension ‘94
- DU ‘75
- BPH
- Back pain
- UTI/AKI ‘18
- Warfarin per INR
- Digoxin 62.5microgram
- Bumetanide 1mg
- Epelrenone 25mg
- Bisoprolol 5mg
- Pravastatin 40mg
- Clopidogrel 75mg
- Omeprazole 20mg twice daily
- Tamsulosin/Dutasteride 400/500
- Amitriptyline 10mg



Domain	Stage	Process
Aims	1.	Review diagnosis and identify therapeutic objectives with respect to: <ul style="list-style-type: none"> • What matters to the patient? • Understanding of objectives of drug therapy • Management of existing health problems • Prevention of future health problems
	2.	Identify essential drug therapy <ul style="list-style-type: none"> • Identify essential drugs (not to be stopped without specialist advice) • Drugs that have essential replacement functions (e.g. thyroxine) • Drugs to prevent rapid symptomatic decline (e.g. drugs for Parkinson's disease, heart failure)
Needs	3.	Identify and review the (continued) need for drugs: <ul style="list-style-type: none"> • With temporary indications • With higher than usual maintenance doses • With linked benefits in general for the indication they are used for • With linked benefits to the patient under review (Link Drug efficacy & assessment to INNTI tool)
	4.	Identify the need for adding/intensifying drug therapy in order to achieve therapeutic objectives <ul style="list-style-type: none"> • To achieve symptom control • To achieve biochemical/clinical targets • To prevent disease progression/exacerbation
Effectiveness	5.	Does the patient have ADR/SAE effects or is at risk of ADR/SAE effects? <ul style="list-style-type: none"> • Does the patient know what to do if they're ill?
	6.	Identify patient safety risks by checking for: <ul style="list-style-type: none"> • Drug-drug interactions • Drug-drug interactions (see ADR table) • Medications of monitoring mechanisms for high-risk drugs • Drug-drug and drug-disease interactions • Risk of accidental overdosing (see Yellow Card Scheme)
Safety	7.	Identify adverse drug effects by checking for: <ul style="list-style-type: none"> • Specific symptoms/labouratory markers (e.g. hypotension) • Cumulative adverse drug effects (see ADR table) • Drugs that may be used to treat ADRs caused by other drugs (ADR table)
	8.	Identify unnecessarily costly drug therapy by: <ul style="list-style-type: none"> • Consider more cost-effective alternatives (but balance against effectiveness, safety, convenience)
Cost effectiveness	9.	Does the patient understand the outcomes of the review? <ul style="list-style-type: none"> • Does the patient understand why they need to take their medication? • Consider Teach back
	10.	Ensure drug therapy changes are tailored to patient preferences by: <ul style="list-style-type: none"> • Is the medication in a form the patient can take? • Is the dosing schedule convenient? • Consider what assistance the patient might have and when this is available
Patient participation	11.	Is the patient able to take medicines as intended? <ul style="list-style-type: none"> • Agree and Communicate Plan • Discuss with the patient/caregiver/primary therapeutic objectives and treatment priorities • Decide with the patient/caregiver/primary what medicines have an effect of sufficient magnitude to consider continuation or discontinuation • Inform relevant healthcare and social care teams change in treatments across the care interfaces
	12.	to the patient writing and able to take drug therapy as intended?



Initial review foundation pharmacist identified

?Appropriateness of twice daily omeprazole

Potential interaction between omeprazole and clopidogrel

AF '09
LVF '06
IHD/Angina & CABG '02
Hypertension '94
DU '75
BPH
Back pain
UTI/AKI '18

Warfarin per INR
Digoxin 62.5microgram
Bumetanide 1mg
Epelrenone 25mg
Bisoprolol 5mg
Pravastatin 40mg
Clopidogrel 75mg
Omeprazole 20mg twice daily
Tamsulosin/Dutasteride 400/500
Amitriptyline 10mg



Patient
assessment

Outcomes/actions following consultation

- Discuss with GP reduction in bisoprolol dose (BP 114/66, P 59)
- Seek specialist confirmation to discontinue clopidogrel
- Telephone call to patient with outcomes
- Trial without amitriptyline
- Consider omeprazole dose reduction next time



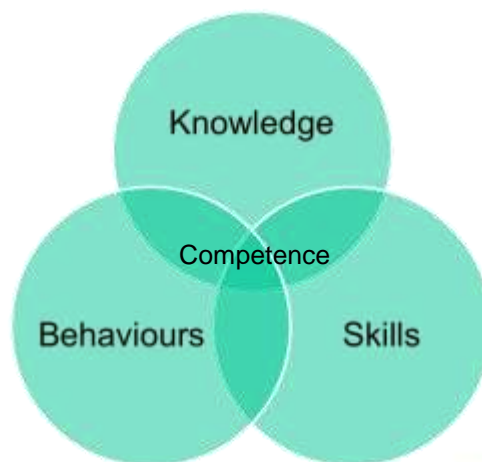


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